

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | ✓ | | | | | |
| 2 | / | 1 | | | | |
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| 21 | | 1 | | | | |
| 22 | | 1 | | | | |
| 23 | | 1 | | | | |
| 24 | ✓ | | ✓ | | | |
| 25 | | 1 | | | | |
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| 36 | | 1 | | | | |
| 37 | | 1 | | | | |
| 38 | | 1 | | | | |
| 39 | | 1 | | | | |
| 40 | ✓ | | ✓ | | | |
| 41 | ✓ | | ✓ | | | |
| 42 | ✓ | | ✓ | | | |
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| TOTAL IND. | 6 | | | | | |
| TOTAL DEP. | 37 | | | | | |
| TOTAL CLAIMS | 43 | | | | | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 100 | | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS